



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95885 Employer's ID Number 61-1013183
(Current) (Prior)

Organized under the Laws of Kentucky, State of Domicile or Port of Entry KY

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

Statutory Home Office 500 West Main Street, Louisville, KY, US 40202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740036, Louisville, KY, US 40201-7436
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Amanda Nethery, 502-580-3026
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Brian Andrew Kane
Associate VP, Asst Gen Counsel & Corporate Secretary Joseph Matthew Ruschell SVP, Chief Actuary Vanessa Marie Olson

OTHER

Alan James Bailey, VP & Treasurer John Edward Barger III, SVP, Medicaid President Andrew Joseph Besendorf III, Appointed Actuary
Charles Wilbur Dow Jr., Regional President Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor Douglas Allen Edwards, Senior Vice President, Workplace Experience
Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT Christopher Howal Hunter, Segment President, Group & Military Business Steven Edward McCulley, SVP, Medicare
Matthew George Moore #, Regional President Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer Bruno Roger Piquin, Regional President
William Mark Preston, VP, Investments Richard Donald Remmers, SVP, Employer Group Sales George Renaudin II, SVP, Medicare East & Provider
Donald Hank Robinson, SVP, Tax Susan Draney Schick #, SVP, Employer Group Gilbert Alan Stewart, SVP, Medicare Divisional Leader
Daniel Andrew Tufto, SVP, Medicare Divisional Leader Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader Timothy Alan Wheatley, Segment President, Retail
Ralph Martin Wilson, Vice President Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane Timothy Alan Wheatley

State of Kentucky SS:
County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell
Assoc. VP, Asst. General Counsel & Corporate Secretary

Alan James Bailey
VP & Treasurer

Subscribed and sworn to before me this 22nd day of February, 2021

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

Julia Wentworth
Notary Public
January 10, 2025

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|------------------------------------|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals..... | 0 | 0 | 0 | 2,037 | 2,037 | 0 |
| Group Subscribers: | | | | | | |
| 001 TREYTON OAK TOWERS | 52,022 | 0 | 0 | 0 | 0 | 52,022 |
| 3 CROWN CAPITAL LLC | 54,924 | 0 | 0 | 1,182 | 1,182 | 54,924 |
| AAEC | 56,319 | 0 | 0 | 0 | 0 | 56,319 |
| ALLIANCE FUNDING SOLUTION LL | 0 | 0 | 3,547 | 16,199 | 16,199 | 3,547 |
| ALLVETS SECURITY TECHNOLO | 3,766 | 0 | 3,766 | 7,405 | 7,405 | 7,531 |
| AMERICAN ROOFING | 0 | 37,284 | 0 | 0 | 0 | 37,284 |
| A-ONE PALLET DISTRIBUTING | 7,751 | 4,734 | 0 | 0 | 0 | 12,484 |
| AREA I INC | 19,770 | 0 | 0 | 0 | 0 | 19,770 |
| AVILES ROBBINS TRUCK | 0 | 0 | 0 | 11,575 | 11,575 | 0 |
| BADGER PACKAGING CORP | 10,058 | 0 | 0 | 0 | 0 | 10,058 |
| BELLA TERRA INTERIOR SOLU | 17,275 | 0 | 0 | 0 | 0 | 17,275 |
| BENNETT'S GAS | 16,542 | 0 | 0 | 0 | 0 | 16,542 |
| BERT R. HUNCILMAN & SON INC. | 14,332 | 0 | 0 | 0 | 0 | 14,332 |
| BETTER BODIES | 10,048 | 0 | 0 | 0 | 0 | 10,048 |
| BK HOLDINGS LLC | 2,951 | 2,951 | 2,951 | 8,853 | 8,853 | 8,853 |
| BRANSCUM CONSTRUCTION | 19,294 | 0 | 0 | 0 | 0 | 19,294 |
| BRATCHER HEATING & AIR CO | 29,975 | 0 | 0 | 0 | 0 | 29,975 |
| CANTON WOOD PRODUCTS | 47,148 | 0 | 0 | 0 | 0 | 47,148 |
| CAROL STREAM STRATFORD IN | 11,781 | 0 | 0 | 0 | 0 | 11,781 |
| CATALYST RESOURCES LLC | 11,921 | 0 | 0 | 0 | 0 | 11,921 |
| CITY OF PARIS | 52,893 | 0 | 0 | 0 | 0 | 52,893 |
| CITY OF SOUTH TUCSON | 19,085 | 0 | 0 | 0 | 0 | 19,085 |
| CYBER DIVE CORP | 0 | 0 | 0 | 24,659 | 24,659 | 0 |
| DAN THE TIRE MAN | 0 | 0 | 0 | 13,120 | 13,120 | 0 |
| DESIGN DEFINITIONS LLC | 0 | 0 | 0 | 11,260 | 11,260 | 0 |
| DUNN HOSPITALITY GROUP | 37,127 | 0 | 0 | 0 | 0 | 37,127 |
| EARTHS HEALING | 25,744 | 0 | 0 | 0 | 0 | 25,744 |
| EMERY EMPLOYEE WELFARE PLAN | 12,492 | 0 | 0 | 0 | 0 | 12,492 |
| FIRERANGER EXTINGUISHER | 11,606 | 11,211 | 11,609 | 4,277 | 4,277 | 34,426 |
| FOSTER DESIGN BUILD LLC | 5,753 | 5,213 | 5,213 | 8,050 | 8,050 | 16,178 |
| FRED AGENCY INC | 0 | 4,279 | 4,279 | 8,558 | 8,558 | 8,558 |
| FREEDOM ENERGY RESOURCES | 5,828 | 6,224 | 3,821 | 0 | 0 | 15,872 |
| FREESE JOHNSON LLC | 16,104 | 0 | 0 | 0 | 0 | 16,104 |
| GLEN A HALVORSON MD PLLC | 0 | 0 | 5,999 | 6,735 | 6,735 | 5,999 |
| GLOBAL SERVICES GROUP INC | 0 | 0 | 0 | 10,945 | 10,945 | 0 |
| GOOD WOOD BREWING COMPANY | 5,084 | 5,585 | 0 | 0 | 0 | 10,669 |
| GREENWAY GLOBAL CORP | 6,419 | 0 | 4,503 | 0 | 0 | 10,922 |
| GWCC | 0 | 16,289 | 20,767 | 1,099 | 1,099 | 37,056 |
| HL INDUSTRIES INC. LF | 11,924 | 0 | 0 | 0 | 0 | 11,924 |
| HOLDSWORTH INC | 48,878 | 0 | 0 | 0 | 0 | 48,878 |
| HONEYWELL | 12,917 | 0 | 0 | 0 | 0 | 12,917 |
| HYDROMAX | 8,429 | 85 | 7,650 | 0 | 0 | 16,164 |
| ILEX SUMMIT LLC | 26,603 | 428 | 0 | 0 | 0 | 27,030 |
| INTELLECTIVE | 56,366 | 0 | 0 | 0 | 0 | 56,366 |
| ISAIAH HOUSE INC | 19,129 | 0 | 0 | 0 | 0 | 19,129 |
| K C INDUSTRIES LLC | 18,902 | 0 | 0 | 0 | 0 | 18,902 |
| KASPER ELECTRICAL INC | 13,201 | 10,188 | 12,884 | 0 | 0 | 36,274 |
| KRS GLOBAL BIOTECHNOLOGY | 6,816 | 36,737 | 0 | 0 | 0 | 43,553 |
| LAW OFFICE OF ADAM L WEIT | 2,009 | 8,060 | 0 | 0 | 0 | 10,069 |
| LEOPARDI HOLDINGS | 5,082 | 8,223 | 3,882 | 0 | 0 | 17,186 |
| LOCKNET LLC | 71,404 | 0 | 0 | 0 | 0 | 71,404 |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|-------------------------------------|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals..... | 0 | 0 | 0 | 2,037 | 2,037 | 0 |
| Group Subscribers: | | | | | | |
| LOEWEN CONSTRUCTION INC..... | 5,705 | 5,705 | 6,036 | 0 | 0 | 17,446 |
| LOUIS T ROTH AND CO PLLC..... | 0 | 11,713 | 0 | 0 | 0 | 11,713 |
| M & E TRUCKING LLC..... | 6,826 | 6,826 | 0 | 0 | 0 | 13,652 |
| MAKEN CORPORATION..... | 10,257 | 0 | 0 | 0 | 0 | 10,257 |
| MAWICKE & GOISMAN SC..... | 12,925 | 0 | 0 | 0 | 0 | 12,925 |
| MECHANICAL TRADE CONTRACT..... | 0 | 0 | 0 | 11,388 | 11,388 | 0 |
| MESA FOODS LLC..... | 61,925 | 0 | 0 | 0 | 0 | 61,925 |
| MIDDLE GEORGIA HEART..... | 13,400 | 0 | 0 | 0 | 0 | 13,400 |
| MIDWEST FOODS MANUFACTURI..... | 3,063 | 7,618 | 0 | 0 | 0 | 10,681 |
| MIGHTY PLUMBING..... | 6,330 | 6,514 | 0 | 0 | 0 | 12,844 |
| NAZTEC INTERNATIONA LF..... | 11,268 | 0 | 0 | 0 | 0 | 11,268 |
| NEXGEN MOLD & TOOL INC..... | 3,286 | 14,286 | 14,286 | 15,002 | 15,002 | 31,859 |
| OL FRONTAL SOLUTIONS..... | 4,801 | 32,604 | 0 | 0 | 0 | 37,404 |
| OLD GUARD GLAZING..... | 0 | 0 | 8,585 | 2,532 | 2,532 | 8,585 |
| OPTIMAL HOME CARE INC..... | 118,813 | 0 | 0 | 0 | 0 | 118,813 |
| PET DOCTORX..... | 12,863 | 0 | 0 | 0 | 0 | 12,863 |
| PREMIER PACKAGING..... | 219 | 15,640 | 0 | 0 | 0 | 15,859 |
| PROGRESSIVE MATERIALS..... | 24,528 | 0 | 0 | 0 | 0 | 24,528 |
| Q1 PRODUCTIONS..... | 12,781 | 0 | 0 | 0 | 0 | 12,781 |
| QUALIFIED PARTNERS LLC..... | 0 | 4,341 | 5,752 | 3,038 | 3,038 | 10,093 |
| RANDOLPH WILLIAMSON LLC..... | 635 | 0 | 13,008 | 1,816 | 1,816 | 13,644 |
| RPG SERVICES INC..... | 14,408 | 0 | 0 | 0 | 0 | 14,408 |
| SANTA RITA PARTNERS..... | 4,175 | 2,989 | 3,709 | 3,300 | 3,300 | 10,873 |
| SCI MATERIALS LLC..... | 5,067 | 3,885 | 4,228 | 0 | 0 | 13,179 |
| SHANER INSURANCE GROUP IN..... | 2,232 | 2,232 | 2,232 | 8,591 | 8,591 | 6,696 |
| SIGNATURE DENTAL PARTNERS..... | 49,764 | 0 | 0 | 0 | 0 | 49,764 |
| SOUTHEAST BANKING SYSTEMS..... | 31,319 | 0 | 0 | 0 | 0 | 31,319 |
| SOUTHEASTERN CARDIOLOGY A..... | 15,137 | 0 | 0 | 0 | 0 | 15,137 |
| SOUTHERN EXPOSURE..... | 14,188 | 11,387 | 0 | 0 | 0 | 25,575 |
| SOUTHWEST EARTHWORK LLC..... | 0 | 0 | 10,988 | 21,977 | 21,977 | 10,988 |
| SPRINGHAUS CO..... | 0 | 6,156 | 0 | 22,810 | 22,810 | 6,156 |
| STAINLESS IMPORTS INC..... | 9,725 | 0 | 0 | 11,266 | 11,266 | 9,725 |
| STEEL HUGGERS INC..... | 7,088 | 6,717 | 5,975 | 18 | 18 | 19,780 |
| STRATEGIC ENVIRONMENTAL A..... | 12,992 | 0 | 0 | 0 | 0 | 12,992 |
| SUN VALLEY SOLAR SOLUTIONS LLC..... | 33,911 | 0 | 0 | 0 | 0 | 33,911 |
| TAYLOR COUNTY BANK..... | 12,577 | 0 | 0 | 0 | 0 | 12,577 |
| THE FRANKFORT CHRISTIAN A..... | 12,425 | 0 | 0 | 0 | 0 | 12,425 |
| THE MCGRALEY COMPANY..... | 14,585 | 0 | 0 | 0 | 0 | 14,585 |
| THE PAIN INSTITUTE..... | 10,283 | 0 | 0 | 0 | 0 | 10,283 |
| THE SALYERS GROUP..... | 596 | 24,500 | 0 | 0 | 0 | 25,096 |
| THOROUGHbred SOLUTIONS LL..... | 11,777 | 0 | 0 | 0 | 0 | 11,777 |
| TIGER TOW & TRANSPORT INC..... | 4,430 | 4,430 | 4,430 | 22,148 | 22,148 | 13,289 |
| TSD INC..... | 0 | 1,234 | 13,644 | 17,407 | 17,407 | 14,878 |
| TT REPAIRS LLC..... | 26,582 | 0 | 0 | 0 | 0 | 26,582 |
| TURN II BINGO INC..... | 5,809 | 0 | 5,809 | 9,873 | 9,873 | 11,618 |
| VALLEJO MANAGEMENT LLC..... | 9,207 | 7,329 | 7,329 | 38,021 | 38,021 | 23,866 |
| VARA RESTAURANT CONCEPTS..... | 0 | 0 | 0 | 20,222 | 20,222 | 0 |
| VERRA LAB JA LLC..... | 37,297 | 0 | 0 | 0 | 0 | 37,297 |
| XYTEX CRYO INTERNATIONAL..... | 10,376 | 0 | 0 | 0 | 0 | 10,376 |
| YELLOW DUCK SHARED SERVICES..... | 16,500 | 0 | 0 | 0 | 0 | 16,500 |
| 0299997 Group subscriber subtotal | 1,567,743 | 333,595 | 196,882 | 343,325 | 343,325 | 2,098,220 |

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals..... | 0 | 0 | 0 | 2,037 | 2,037 | 0 |
| Group Subscribers: | | | | | | |
| 0299998. Premiums due and unpaid not individually listed | 6,897,013 | 1,530,181 | 1,091,737 | 98,834 | 98,834 | 9,518,930 |
| 0299999. Total group | 8,464,756 | 1,863,776 | 1,288,618 | 442,158 | 442,158 | 11,617,150 |
| 0399999. Premiums due and unpaid from Medicare entities | 6,999,050 | 0 | 0 | 0 | 0 | 6,999,050 |
| 0499999. Premiums due and unpaid from Medicaid entities | 7,789,749 | 0 | 0 | 0 | 0 | 7,789,749 |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 23,253,555 | 1,863,776 | 1,288,618 | 444,196 | 444,196 | 26,405,949 |

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 Health Care Receivables in Prior Years (Columns 1 + 3) | 6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---|--|---|---|---|---|--|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | | |
| 1. Pharmaceutical rebate receivables | 13,597,337 | 95,205,791 | 312,319 | 21,275,915 | 13,909,656 | 13,811,776 |
| 2. Claim overpayment receivables | 5,310 | 0 | 0 | 630 | 5,310 | 5,310 |
| 3. Loans and advances to providers | 300,000 | 0 | 0 | 0 | 300,000 | 300,000 |
| 4. Capitation arrangement receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Risk sharing receivables | 11,080,660 | 0 | 0 | 8,431,410 | 11,080,660 | 11,080,660 |
| 6. Other health care receivables..... | 17,259 | 0 | 0 | 0 | 17,259 | 17,259 |
| 7. Totals (Lines 1 through 6) | 25,000,566 | 95,205,791 | 312,319 | 29,707,955 | 25,312,885 | 25,215,005 |

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| NONE | | | | | | | |
| 0399999 Total gross amounts receivable | | | | | | | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|---|---|-------------|--------------|------------------|
| Humana Inc. | Reimbursements from expenditures made directly by The Humana Inc. for the benefit of Humana Health Plan Inc. or for the services provided by Humana Inc. for the Company. The direct expenditures include payments for trade payables and payroll related items. The services provided include and are not limited to billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing. | 7,372,835 | 7,372,835 | 0 |
| 0199999. Individually listed payables | | 7,372,835 | 7,372,835 | 0 |
| 0299999. Payables not individually listed | | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 0399999 Total gross payables | | 7,372,835 | 7,372,835 | 0 |

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|--|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 97,141,776 | 5.3 | 345,726 | 100.0 | 0 | 97,141,776 |
| 2. Intermediaries | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 3. All other providers | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. Total capitation payments | 97,141,776 | 5.3 | 345,726 | 100.0 | 0 | 97,141,776 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 361,950,091 | 19.9 | XXX | XXX | 0 | 361,950,091 |
| 6. Contractual fee payments | 1,362,731,193 | 74.8 | XXX | XXX | 0 | 1,362,731,193 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 8. Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 11. All other payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 12. Total other payments | 1,724,681,284 | 94.7 | XXX | XXX | 0 | 1,724,681,284 |
| 13. TOTAL (Line 4 plus Line 12) | 1,821,823,060 | 100% | XXX | XXX | 0 | 1,821,823,060 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------|---------------------------|----------------------|---------------------------------------|---|--|
| NONE | | | | | |
| 9999999 Totals | | | XXX | XXX | XXX |

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 Cost | 2 Improvements | 3 Accumulated Depreciation | 4 Book Value Less Encumbrances | 5 Assets Not Admitted | 6 Net Admitted Assets |
|--|-----------|-------------------|----------------------------------|--------------------------------------|-----------------------------|--------------------------|
| 1. Administrative furniture and equipment | 5,698,469 | 0 | 4,798,765 | 899,703 | 899,703 | 0 |
| 2. Medical furniture, equipment and fixtures | 6,750 | 0 | 5,351 | 1,399 | 1,399 | 0 |
| 3. Pharmaceuticals and surgical supplies | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Durable medical equipment | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Other property and equipment | 1,045,249 | 0 | 983,191 | 62,058 | 62,058 | 0 |
| 6. Total | 6,750,468 | 0 | 5,787,307 | 963,160 | 963,160 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|-----------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Alabama | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | (1) | 0 | 0 | 0 | 0 | (1) | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 267 | 0 | 0 | 0 | 0 | 0 | 0 | 267 | 0 | 0 | | |
| 8. Non-Physician | 326 | 0 | 0 | 0 | 0 | 0 | 0 | 326 | 0 | 0 | | |
| 9. Total | 593 | 0 | 0 | 0 | 0 | 0 | 0 | 593 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 121 | 0 | 0 | 0 | 0 | 0 | 0 | 121 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | |
| 12. Health Premiums Written (b) | (297,916) | 0 | 0 | 0 | 0 | 0 | 0 | (297,916) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | (297,916) | 0 | 0 | 0 | 0 | 0 | 0 | (297,916) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 4,504,743 | 0 | 0 | 0 | 0 | 0 | 0 | 4,504,743 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 9,289,872 | 0 | 0 | 0 | 0 | 0 | 0 | 9,289,872 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(297,916)

30.A1



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Arizona | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 19,717 | 0 | 18,527 | 0 | 0 | 0 | 1,190 | 0 | 0 | 0 | | |
| 2. First Quarter | 19,639 | 0 | 18,724 | 0 | 0 | 0 | 915 | 0 | 0 | 0 | | |
| 3. Second Quarter | 18,832 | 0 | 17,941 | 0 | 0 | 0 | 891 | 0 | 0 | 0 | | |
| 4. Third Quarter | 18,497 | 0 | 17,605 | 0 | 0 | 0 | 892 | 0 | 0 | 0 | | |
| 5. Current Year | 17,461 | 0 | 16,586 | 0 | 0 | 0 | 875 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 225,370 | 0 | 214,737 | 0 | 0 | 0 | 10,666 | (33) | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 109,537 | 0 | 95,778 | 0 | 0 | 0 | 8,489 | 5,270 | 0 | 0 | | |
| 8. Non-Physician | 19,837 | 2 | 14,435 | 0 | 0 | 0 | 2,701 | 2,699 | 0 | 0 | | |
| 9. Total | 129,374 | 2 | 110,213 | 0 | 0 | 0 | 11,190 | 7,969 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 6,540 | 0 | 4,114 | 0 | 0 | 0 | 160 | 2,266 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 703 | 0 | 664 | 0 | 0 | 0 | 24 | 15 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 81,219,105 | 0 | 70,730,366 | 0 | 0 | 0 | 7,171,984 | 3,316,755 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 81,219,105 | 0 | 70,730,366 | 0 | 0 | 0 | 7,171,984 | 3,316,755 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 70,252,715 | (12,970) | 59,699,128 | 0 | 0 | 0 | 7,284,831 | 3,281,726 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 73,736,345 | (13,959) | 62,344,609 | 0 | 0 | 0 | 6,727,816 | 4,677,878 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products16,187 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,316,755

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Arkansas | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | (12) | 0 | 0 | 0 | 0 | (12) | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 239 | 0 | 0 | 0 | 0 | 0 | 0 | 239 | 0 | 0 | | |
| 8. Non-Physician | 382 | 0 | 0 | 0 | 0 | 0 | 0 | 382 | 0 | 0 | | |
| 9. Total | 621 | 0 | 0 | 0 | 0 | 0 | 0 | 621 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 109 | 0 | 0 | 0 | 0 | 0 | 0 | 109 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | (736,981) | 0 | 0 | 0 | 0 | 0 | 0 | (736,981) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | (736,981) | 0 | 0 | 0 | 0 | 0 | 0 | (736,981) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 10,807,775 | 0 | 0 | 0 | 0 | 0 | 0 | 10,807,775 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 5,894,677 | 0 | 0 | 0 | 0 | 0 | 0 | 5,894,677 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(736,981)

30 AR



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Colorado | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 11,402 | 0 | 10,291 | 0 | 0 | 0 | 1,111 | 0 | 0 | 0 | | |
| 2. First Quarter | 10,586 | 0 | 9,654 | 0 | 0 | 0 | 932 | 0 | 0 | 0 | | |
| 3. Second Quarter | 10,226 | 0 | 9,312 | 0 | 0 | 0 | 914 | 0 | 0 | 0 | | |
| 4. Third Quarter | 10,101 | 0 | 9,173 | 0 | 0 | 0 | 928 | 0 | 0 | 0 | | |
| 5. Current Year | 9,658 | 0 | 8,748 | 0 | 0 | 0 | 910 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 122,688 | 0 | 111,793 | 0 | 0 | 0 | 10,887 | 8 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 57,468 | 17 | 51,763 | 0 | 0 | 0 | 4,618 | 1,070 | 0 | 0 | | |
| 8. Non-Physician | 16,615 | 10 | 12,642 | 0 | 0 | 0 | 1,722 | 2,241 | 0 | 0 | | |
| 9. Total | 74,083 | 27 | 64,405 | 0 | 0 | 0 | 6,340 | 3,311 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 3,266 | 3 | 1,878 | 0 | 0 | 0 | 213 | 1,172 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 328 | 0 | 295 | 0 | 0 | 0 | 30 | 3 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 51,276,024 | (6,770) | 44,932,392 | 0 | 0 | 0 | 4,863,989 | 1,486,414 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 51,276,024 | (6,770) | 44,932,392 | 0 | 0 | 0 | 4,863,989 | 1,486,414 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 41,241,217 | (36,618) | 36,796,511 | 0 | 0 | 0 | 4,262,070 | 219,254 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 40,082,443 | (39,706) | 37,317,492 | 0 | 0 | 0 | 4,193,433 | (1,388,776) | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products7,429 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,486,414

30.CO



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|----------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Idaho | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 0 | | |
| 8. Non-Physician | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 0 | | |
| 9. Total | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 29 | 0 | | |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | (32,913) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (32,913) | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | (32,913) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (32,913) | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 310,053 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 310,053 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 310,493 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 310,493 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(32,913)

30.ID



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|-------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Illinois | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| | | Individual | Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 37,412 | 0 | 14,373 | 0 | 0 | 0 | 4,704 | 8,093 | 10,242 | 0 | | |
| 2. First Quarter | 36,265 | 0 | 15,116 | 0 | 0 | 0 | 4,041 | 7,534 | 9,574 | 0 | | |
| 3. Second Quarter | 34,917 | 0 | 13,841 | 0 | 0 | 0 | 3,979 | 7,540 | 9,557 | 0 | | |
| 4. Third Quarter | 36,774 | 0 | 13,385 | 0 | 0 | 0 | 3,892 | 8,630 | 10,867 | 0 | | |
| 5. Current Year | 38,173 | 0 | 13,197 | 0 | 0 | 0 | 3,831 | 9,355 | 11,790 | 0 | | |
| 6. Current Year Member Months | 436,058 | 0 | 168,905 | 0 | 0 | 0 | 46,729 | 97,148 | 123,276 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 524,324 | 52 | 93,746 | 0 | 0 | 0 | 43,138 | 192,719 | 194,669 | 0 | | |
| 8. Non-Physician | 328,466 | 8 | 30,579 | 0 | 0 | 0 | 16,376 | 98,490 | 183,013 | 0 | | |
| 9. Total | 852,790 | 60 | 124,325 | 0 | 0 | 0 | 59,514 | 291,209 | 377,682 | 0 | | |
| 10. Hospital Patient Days Incurred | 166,639 | 12 | 3,481 | 0 | 0 | 0 | 2,124 | 14,061 | 146,961 | 0 | | |
| 11. Number of Inpatient Admissions | 4,173 | 0 | 583 | 0 | 0 | 0 | 225 | 1,795 | 1,570 | 0 | | |
| 12. Health Premiums Written (b) | 328,746,791 | (15,621) | 72,508,240 | 0 | 0 | 0 | 40,571,275 | 146,898,506 | 68,784,391 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 328,746,791 | (15,621) | 72,508,240 | 0 | 0 | 0 | 40,571,275 | 146,898,506 | 68,784,391 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 274,420,995 | (39,176) | 61,738,419 | 0 | 0 | 0 | 32,919,264 | 110,512,913 | 69,289,576 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 273,365,198 | 44,492 | 61,333,428 | 0 | 0 | 0 | 32,100,240 | 112,394,996 | 67,492,042 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products8,520 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$146,898,506

30.1L



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Indiana | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 10,816 | 0 | 10,816 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 10,997 | 0 | 10,997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 10,545 | 0 | 10,545 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 10,457 | 0 | 10,457 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 10,713 | 0 | 10,713 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 131,184 | 0 | 131,184 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 84,315 | 0 | 84,064 | 0 | 0 | 0 | 0 | 251 | 0 | 0 | | |
| 8. Non-Physician | 32,349 | 0 | 32,048 | 0 | 0 | 0 | 0 | 301 | 0 | 0 | | |
| 9. Total | 116,664 | 0 | 116,112 | 0 | 0 | 0 | 0 | 552 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 2,877 | 0 | 2,764 | 0 | 0 | 0 | 0 | 113 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 472 | 0 | 472 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 58,711,738 | 0 | 59,060,141 | 0 | 0 | 0 | 0 | (348,403) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 58,711,738 | 0 | 59,060,141 | 0 | 0 | 0 | 0 | (348,403) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 51,607,524 | (351) | 48,597,853 | 0 | 0 | 0 | 0 | 3,010,022 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 53,162,789 | 0 | 49,610,626 | 0 | 0 | 0 | 0 | 3,552,163 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products10,713 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(348,403)



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Kansas | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 2,883 | 0 | 292 | 0 | 0 | 0 | 2,591 | 0 | 0 | 0 | | |
| 2. First Quarter | 2,419 | 0 | 233 | 0 | 0 | 0 | 2,186 | 0 | 0 | 0 | | |
| 3. Second Quarter | 2,365 | 0 | 236 | 0 | 0 | 0 | 2,129 | 0 | 0 | 0 | | |
| 4. Third Quarter | 2,286 | 0 | 186 | 0 | 0 | 0 | 2,100 | 0 | 0 | 0 | | |
| 5. Current Year | 2,231 | 0 | 163 | 0 | 0 | 0 | 2,068 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 28,037 | 0 | 2,653 | 0 | 0 | 0 | 25,393 | (9) | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 25,215 | 0 | 5,507 | 0 | 0 | 0 | 18,849 | 859 | 0 | 0 | | |
| 8. Non-Physician | 10,945 | 0 | 2,079 | 0 | 0 | 0 | 7,564 | 1,302 | 0 | 0 | | |
| 9. Total | 36,160 | 0 | 7,586 | 0 | 0 | 0 | 26,413 | 2,161 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 2,139 | 0 | 288 | 0 | 0 | 0 | 936 | 915 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 140 | 0 | 28 | 0 | 0 | 0 | 107 | 5 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 19,519,950 | 0 | 1,200,621 | 0 | 0 | 0 | 17,402,557 | 916,771 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 19,519,950 | 0 | 1,200,621 | 0 | 0 | 0 | 17,402,557 | 916,771 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 18,657,327 | (2,741) | 1,242,722 | 0 | 0 | 0 | 15,308,078 | 2,109,268 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 17,287,843 | 0 | 1,469,132 | 0 | 0 | 0 | 14,466,558 | 1,352,153 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products1,346 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$916,771

30 KS



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|---------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Kentucky | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| | | Individual | Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 252,963 | 9 | 105,468 | 1,534 | 0 | 0 | 1,132 | 0 | 144,820 | 0 | | |
| 2. First Quarter | 252,679 | 6 | 103,357 | 1,836 | 0 | 0 | 833 | 0 | 146,647 | 0 | | |
| 3. Second Quarter | 254,061 | 6 | 96,724 | 1,986 | 0 | 0 | 833 | 0 | 154,512 | 0 | | |
| 4. Third Quarter | 257,140 | 4 | 93,493 | 2,060 | 0 | 0 | 808 | 0 | 160,775 | 0 | | |
| 5. Current Year | 265,176 | 0 | 93,784 | 2,010 | 0 | 0 | 792 | 0 | 168,590 | 0 | | |
| 6. Current Year Member Months | 3,094,942 | 56 | 1,175,965 | 23,293 | 0 | 0 | 9,713 | 0 | 1,885,915 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 3,403,072 | 10 | 839,476 | 30,702 | 0 | 0 | 7,447 | 88 | 2,525,349 | 0 | | |
| 8. Non-Physician | 1,103,862 | 17 | 305,800 | 13,209 | 0 | 0 | 2,995 | 293 | 781,548 | 0 | | |
| 9. Total | 4,506,934 | 27 | 1,145,276 | 43,911 | 0 | 0 | 10,442 | 381 | 3,306,897 | 0 | | |
| 10. Hospital Patient Days Incurred | 135,127 | 1 | 26,519 | 1,445 | 0 | 0 | 326 | 111 | 106,725 | 0 | | |
| 11. Number of Inpatient Admissions | 22,707 | 0 | 4,413 | 245 | 0 | 0 | 41 | 0 | 18,008 | 0 | | |
| 12. Health Premiums Written (b) | 1,566,564,855 | 11,730 | 536,389,161 | 3,444,879 | 0 | 0 | 6,518,053 | (152,562) | 1,020,353,595 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 1,566,564,855 | 11,730 | 536,389,161 | 3,444,879 | 0 | 0 | 6,518,053 | (152,562) | 1,020,353,595 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 1,358,285,402 | (135,762) | 486,432,564 | 2,787,879 | 0 | 0 | 6,563,700 | 5,224,074 | 857,412,947 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,389,677,560 | (149,468) | 494,109,908 | 2,901,356 | 0 | 0 | 6,096,376 | 4,723,522 | 881,995,867 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products93,349 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(152,562)

30 KY



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|--------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Missouri | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 20 | 0 | 19 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | |
| 2. First Quarter | 6 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 6 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 6 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 11 | 0 | 71 | 0 | 0 | 0 | 0 | (60) | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 2,091 | 0 | 72 | 0 | 0 | 0 | 0 | 2,019 | 0 | 0 | | |
| 8. Non-Physician | 3,543 | 0 | 24 | 0 | 0 | 0 | 0 | 3,519 | 0 | 0 | | |
| 9. Total | 5,634 | 0 | 96 | 0 | 0 | 0 | 0 | 5,538 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 1,364 | 0 | 0 | 0 | 0 | 0 | 0 | 1,364 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 231,582 | 0 | 151,796 | 0 | 0 | 0 | 0 | 79,786 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 231,582 | 0 | 151,796 | 0 | 0 | 0 | 0 | 79,786 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | (9,388,825) | (1,244) | 43,252 | 0 | 0 | 0 | 32 | (9,430,865) | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | (11,183,506) | 0 | 43,415 | 0 | 0 | 0 | 33 | (11,226,954) | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$79,786

30.MO



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|-----------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Nebraska | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 0 | 0 | | |
| 8. Non-Physician | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | | |
| 9. Total | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 30 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | (12,662) | 0 | 0 | 0 | 0 | 0 | 0 | (12,662) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | (12,662) | 0 | 0 | 0 | 0 | 0 | 0 | (12,662) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 1,496,194 | 0 | 0 | 0 | 0 | 0 | 0 | 1,496,194 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,497,682 | 0 | 0 | 0 | 0 | 0 | 0 | 1,497,682 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(12,662)

30.NE



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|-----------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Nevada | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 595 | 0 | 595 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 619 | 0 | 619 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 598 | 0 | 598 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 408 | 0 | 408 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 471 | 0 | 471 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 6,673 | 0 | 6,673 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 2,565 | 0 | 2,060 | 0 | 0 | 0 | 0 | 505 | 0 | 0 | | |
| 8. Non-Physician | 724 | 0 | 547 | 0 | 0 | 0 | 0 | 177 | 0 | 0 | | |
| 9. Total | 3,289 | 0 | 2,607 | 0 | 0 | 0 | 0 | 682 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 316 | 0 | 167 | 0 | 0 | 0 | 0 | 149 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 31 | 0 | 28 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 801,092 | 0 | 1,781,324 | 0 | 0 | 0 | 0 | (980,232) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 894,543 | 0 | 1,874,776 | 0 | 0 | 0 | 0 | (980,232) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 1,659,196 | 0 | 2,381,862 | 0 | 0 | 0 | 0 | (722,666) | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 2,091,114 | 0 | 2,665,177 | 0 | 0 | 0 | 0 | (574,063) | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products420 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(980,232)

30 NV



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|---------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | New Mexico | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | (27) | 0 | 0 | 0 | 0 | 0 | 0 | (27) | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 1,279 | 0 | 0 | 0 | 0 | 0 | 0 | 1,279 | 0 | 0 | | |
| 8. Non-Physician | 624 | 0 | 0 | 0 | 0 | 0 | 0 | 624 | 0 | 0 | | |
| 9. Total | 1,903 | 0 | 0 | 0 | 0 | 0 | 0 | 1,903 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 188 | 0 | 0 | 0 | 0 | 0 | 0 | 188 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 24,406 | 0 | 0 | 0 | 0 | 0 | 0 | 24,406 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 24,406 | 0 | 0 | 0 | 0 | 0 | 0 | 24,406 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 813,048 | 0 | 0 | 0 | 0 | 0 | 0 | 813,048 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 560,189 | 0 | 0 | 0 | 0 | 0 | 0 | 560,189 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,406

30 NM



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

| NAIC Group Code | BUSINESS IN THE STATE OF Ohio | | | DURING THE YEAR 2020 | | | | (LOCATION) | | |
|---|-------------------------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | NAIC Company Code | | |
| | | 2 Individual | 3 Group | | | | | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

HO 00



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|--------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | South Carolina | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 568 | 0 | 0 | 0 | 0 | 0 | 0 | 568 | 0 | 0 | | |
| 8. Non-Physician | 404 | 0 | 0 | 0 | 0 | 0 | 0 | 404 | 0 | 0 | | |
| 9. Total | 972 | 0 | 0 | 0 | 0 | 0 | 0 | 972 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 506 | 0 | 0 | 0 | 0 | 0 | 0 | 506 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 656,630 | 0 | 0 | 0 | 0 | 0 | 0 | 656,630 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 656,630 | 0 | 0 | 0 | 0 | 0 | 0 | 656,630 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | (35,121,527) | 0 | 0 | 0 | 0 | 0 | 0 | (35,121,527) | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | (33,610,186) | 0 | 0 | 0 | 0 | 0 | 0 | (33,610,186) | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$656,630

30.SC



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF Tennessee | | DURING THE YEAR 2020 | | | | | | | (LOCATION) | |
|---|-----------|------------------------------------|-----------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|-------------------------|--|
| | | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | NAIC Company Code 95885 | |
| | | 1 Total | 2 Individual | | | | | | | | 3 Group | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 2,154 | 0 | 2,034 | 0 | 0 | 0 | 120 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 2,008 | 0 | 1,914 | 0 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 1,974 | 0 | 1,880 | 0 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 1,968 | 0 | 1,881 | 0 | 0 | 0 | 87 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 1,836 | 0 | 1,744 | 0 | 0 | 0 | 92 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 23,392 | 0 | 22,312 | 0 | 0 | 0 | 1,080 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 15,673 | 0 | 13,870 | 0 | 0 | 0 | 1,803 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 2,875 | 0 | 2,603 | 0 | 0 | 0 | 272 | 0 | 0 | 0 | 0 | |
| 9. Total | 18,548 | 0 | 16,473 | 0 | 0 | 0 | 2,075 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 315 | 0 | 304 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 61 | 0 | 55 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 7,573,038 | 0 | 6,817,126 | 0 | 0 | 0 | 755,916 | (4) | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 8,188,576 | 0 | 7,432,663 | 0 | 0 | 0 | 755,916 | (4) | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 6,692,888 | 0 | 6,022,279 | 0 | 0 | 0 | 670,499 | 110 | 0 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | 6,954,885 | 0 | 6,291,202 | 0 | 0 | 0 | 663,683 | 0 | 0 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products1,765 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(4)



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Texas | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | | |
| 6. Current Year Member Months | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 5,714 | 0 | 0 | 0 | 0 | 0 | 0 | 5,714 | 0 | 0 | | |
| 8. Non-Physician | 5,220 | 0 | 0 | 0 | 0 | 0 | 0 | 5,220 | 0 | 0 | | |
| 9. Total | 10,934 | 0 | 0 | 0 | 0 | 0 | 0 | 10,934 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 4,667 | 0 | 0 | 0 | 0 | 0 | 0 | 4,667 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 2,719,566 | 0 | 0 | 0 | 0 | 0 | 0 | 2,719,566 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 2,719,566 | 0 | 0 | 0 | 0 | 0 | 0 | 2,719,566 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 10,834,571 | 0 | 0 | 0 | 0 | 0 | 0 | 10,834,571 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 545,604 | 0 | 0 | 0 | 0 | 0 | 0 | 545,604 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,719,566

30.TX



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Virginia | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 299 | 0 | 0 | 0 | 0 | 0 | 0 | 286 | 13 | 0 | | |
| 8. Non-Physician | 483 | 0 | 0 | 0 | 0 | 0 | 0 | 450 | 33 | 0 | | |
| 9. Total | 782 | 0 | 0 | 0 | 0 | 0 | 0 | 736 | 46 | 0 | | |
| 10. Hospital Patient Days Incurred | 219 | 0 | 0 | 0 | 0 | 0 | 0 | 170 | 49 | 0 | | |
| 11. Number of Inpatient Admissions | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | | |
| 12. Health Premiums Written (b) | (83,080) | 0 | 0 | 0 | 0 | 0 | 0 | (83,080) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | (83,080) | 0 | 0 | 0 | 0 | 0 | 0 | (83,080) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 9,067,286 | 0 | 0 | 0 | 0 | 0 | 0 | 9,069,900 | (2,614) | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 10,059,674 | 0 | 0 | 0 | 0 | 0 | 0 | 10,099,296 | (39,622) | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(83,080)



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|-----------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | | Washington | | 2020 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 327 | 0 | 0 | 0 | 0 | 0 | 0 | 327 | 0 | 0 | | |
| 8. Non-Physician | 317 | 0 | 0 | 0 | 0 | 0 | 0 | 317 | 0 | 0 | | |
| 9. Total | 644 | 0 | 0 | 0 | 0 | 0 | 0 | 644 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 315 | 0 | 0 | 0 | 0 | 0 | 0 | 315 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | |
| 12. Health Premiums Written (b) | (456,725) | 0 | 0 | 0 | 0 | 0 | 0 | (456,725) | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | (456,725) | 0 | 0 | 0 | 0 | 0 | 0 | (456,725) | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 5,682,477 | 0 | 0 | 0 | 0 | 0 | 0 | 5,682,477 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 3,839,820 | 0 | 0 | 0 | 0 | 0 | 0 | 3,839,820 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(456,725)

30.WA



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | Other Aliens | | DURING THE YEAR | | | | | (LOCATION) | |
|---|------------|--------------------------|------------------------------------|---------------------|-----------------|-------------|---------------------------------------|----------------------|--------------------|------------|----|
| | | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 19,480,362 | 21,658,515 | (2,178,153) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 19,480,362 | 21,658,515 | (2,178,153) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.01



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | (LOCATION) | | | | | | | | | |
|---|---------------|--------------------------|---------------------|------------------------------------|-----------------|---------------------------------------|----------------------|--------------------|---------------|---|-------------------|-------|
| | | | Grand Total | | DURING THE YEAR | | | 2020 | | | NAIC Company Code | 95885 |
| | | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 337,962 | 9 | 162,415 | 1,534 | 0 | 0 | 10,848 | 8,094 | 155,062 | 0 | | |
| 2. First Quarter | 335,218 | 6 | 160,620 | 1,836 | 0 | 0 | 9,001 | 7,534 | 156,221 | 0 | | |
| 3. Second Quarter | 333,524 | 6 | 151,083 | 1,986 | 0 | 0 | 8,840 | 7,540 | 164,069 | 0 | | |
| 4. Third Quarter | 337,637 | 4 | 146,594 | 2,060 | 0 | 0 | 8,707 | 8,630 | 171,642 | 0 | | |
| 5. Current Year | 345,726 | 0 | 145,411 | 2,010 | 0 | 0 | 8,568 | 9,357 | 180,380 | 0 | | |
| 6. Current Year Member Months | 4,068,347 | 56 | 1,834,293 | 23,293 | 0 | (13) | 104,468 | 97,059 | 2,009,191 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 4,232,990 | 79 | 1,186,336 | 30,702 | 0 | 0 | 84,344 | 211,498 | 2,720,031 | 0 | | |
| 8. Non-Physician | 1,526,994 | 37 | 400,757 | 13,209 | 0 | 0 | 31,630 | 116,767 | 964,594 | 0 | | |
| 9. Total | 5,759,984 | 116 | 1,587,093 | 43,911 | 0 | 0 | 115,974 | 328,265 | 3,684,625 | 0 | | |
| 10. Hospital Patient Days Incurred | 324,711 | 16 | 39,515 | 1,445 | 0 | 0 | 3,770 | 26,230 | 253,735 | 0 | | |
| 11. Number of Inpatient Admissions | 28,693 | 0 | 6,538 | 245 | 0 | 0 | 433 | 1,899 | 19,578 | 0 | | |
| 12. Health Premiums Written (b) | 2,135,904,860 | 21,647,853 | 791,393,014 | 3,444,879 | 0 | 0 | 77,283,773 | 152,997,355 | 1,089,137,986 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 2,136,613,849 | 21,647,853 | 792,102,003 | 3,444,879 | 0 | 0 | 77,283,773 | 152,997,355 | 1,089,137,986 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 1,821,823,060 | (228,862) | 702,954,590 | 2,787,879 | 0 | 0 | 67,008,474 | 122,601,071 | 926,699,908 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,843,562,496 | (158,641) | 715,184,989 | 2,901,356 | 0 | 0 | 64,248,139 | 111,938,367 | 949,448,286 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products139,731 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$152,997,355

30.GT

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Type of Business Assumed | 8 Premiums | 9 Unearned Premiums | 10 Reserve Liability Other Than for Unearned Premiums | 11 Reinsurance Payable on Paid and Unpaid Losses | 12 Modified Coinsurance Reserve | 13 Funds Withheld Under Coinsurance |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--|-------------------------------------|---------------|---------------------------|---|---|--|---|
| NONE | | | | | | | | | | | | |
| 9999999 - Totals | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domi- ciliary Juris- diction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|------------------------------|---|------------------------|----------------------------|--|--------------------------------------|-----------------------------------|---------------|--|--|----------------------------|------------------|--|--|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| 0399999 | Total General Account - Authorized U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699999 | Total General Account - Authorized Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0799999 | Total General Account - Authorized Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999 | Total General Account - Authorized Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199999 | Total General Account Authorized | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1499999 | Total General Account - Unauthorized U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1799999 | Total General Account - Unauthorized Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1899999 | Total General Account - Unauthorized Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 00-0000000 | 11/20/2012 | CARESOURCE REINSURANCE LLC | MT | QA/I | MC | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |
| 1999999 | General Account - Unauthorized U.S. Non-Affiliates | | | | | | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |
| 2199999 | Total General Account - Unauthorized Non-Affiliates | | | | | | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |
| 2299999 | Total General Account Unauthorized | | | | | | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |
| 2599999 | Total General Account - Certified U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2899999 | Total General Account - Certified Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2999999 | Total General Account - Certified Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3299999 | Total General Account - Certified Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3399999 | Total General Account Certified | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3699999 | Total General Account - Reciprocal Jurisdiction U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3999999 | Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4099999 | Total General Account - Reciprocal Jurisdiction Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4399999 | Total General Account - Reciprocal Jurisdiction Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4499999 | Total General Account Reciprocal Jurisdiction | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4599999 | Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |
| 4899999 | Total Separate Accounts - Authorized U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5199999 | Total Separate Accounts - Authorized Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5299999 | Total Separate Accounts - Authorized Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5599999 | Total Separate Accounts - Authorized Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5699999 | Total Separate Accounts Authorized | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5999999 | Total Separate Accounts - Unauthorized U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6299999 | Total Separate Accounts - Unauthorized Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6399999 | Total Separate Accounts - Unauthorized Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6699999 | Total Separate Accounts - Unauthorized Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6799999 | Total Separate Accounts Unauthorized | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7099999 | Total Separate Accounts - Certified U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7399999 | Total Separate Accounts - Certified Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7499999 | Total Separate Accounts - Certified Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7799999 | Total Separate Accounts - Certified Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7899999 | Total Separate Accounts Certified | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8199999 | Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8499999 | Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8599999 | Total Separate Accounts - Reciprocal Jurisdiction Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8899999 | Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8999999 | Total Separate Accounts Reciprocal Jurisdiction | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9099999 | Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9199999 | Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) | | | | | | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |
| 9299999 | Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999 | Totals | | | | | | 22,534,597 | 0 | 0 | 0 | 0 | 0 | 9,595,680 |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Reserve Credit Taken | 6 Paid and Unpaid Losses Recoverable (Debit) | 7 Other Debits | 8 Total (Cols.5+6+7) | 9 Letters of Credit | 10 Issuing or Confirming Bank Reference Number (a) | 11 Trust Agreements | 12 Funds Deposited by and Withheld from Reinsurers | 13 Other | 14 Miscellaneous Balances (Credit) | 15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8 |
|------------------------------|-------------------|------------------------|---|------------------------------|--|-------------------|----------------------------|---------------------------|---|---------------------------|---|-------------|---|---|
| 0399999 | | | Total General Account - Life and Annuity U.S. Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 0699999 | | | Total General Account - Life and Annuity Non-U.S. Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 0799999 | | | Total General Account - Life and Annuity Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 1099999 | | | Total General Account - Life and Annuity Non-Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 1199999 | | | Total General Account Life and Annuity | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 1499999 | | | Total General Account - Accident and Health U.S. Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 1799999 | | | Total General Account - Accident and Health Non-U.S. Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 1899999 | | | Total General Account - Accident and Health Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 00000 | 00-0000000 | 11/20/2012 | CARESOURCE REINSURANCE LLC | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |
| 1999999 | | | General Account - Accident and Health U.S. Non-Affiliates | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |
| 2199999 | | | Total General Account - Accident and Health Non-Affiliates | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |
| 2299999 | | | Total General Account Accident and Health | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |
| 2399999 | | | Total General Account | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |
| 2699999 | | | Total Separate Accounts - U.S. Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 2999999 | | | Total Separate Accounts - Non-U.S. Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 3099999 | | | Total Separate Accounts - Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 3399999 | | | Total Separate Accounts - Non-Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 3499999 | | | Total Separate Accounts | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 3599999 | | | Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999) | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |
| 3699999 | | | Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999) | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 |
| 9999999 | | | Totals | 0 | 205,213 | 0 | 205,213 | 0 | XXX | 0 | 9,595,680 | 0 | 3,018 | 205,213 |

(a)

| Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|---|---------------------------------|--|---------------------------------|-----------------------------|
| NONE | | | | |

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

| | 1 2020 | 2 2019 | 3 2018 | 4 2017 | 5 2016 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 0 | 1 | 2 | 3 | 1,567 |
| 2. Title XVIII - Medicare | 0 | 0 | 24 | 36 | 23 |
| 3. Title XIX - Medicaid | 22,535 | 978,809 | 934,188 | 933,383 | 789,117 |
| 4. Commissions and reinsurance expense allowance | 3,144 | 75,326 | 103,699 | 63,545 | 67,608 |
| 5. Total hospital and medical expenses | 5,392 | 869,938 | 941,283 | 811,633 | 733,418 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | 3 | 21,153 | 7,207 | 7,526 | 5,720 |
| 7. Claims payable | 205 | 68,171 | 90,572 | 70,019 | 76,381 |
| 8. Reinsurance recoverable on paid losses | 0 | 0 | 0 | 1,836 | 10,660 |
| 9. Experience rating refunds due or unpaid | 0 | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances due | 0 | 0 | 0 | 0 | 0 |
| 11. Unauthorized reinsurance offset | 9,596 | 120,261 | 76,957 | 114,461 | 68,929 |
| 12. Offset for reinsurance with Certified Reinsurers | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | 9,596 | 120,261 | 76,957 | 114,461 | 68,929 |
| 14. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 15. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 16. Other (O) | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | 0 | 0 | 0 | 0 | 0 |
| 18. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 20. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 21. Other (O) | 0 | 0 | 0 | 0 | 0 |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 551,249,817 | 0 | 551,249,817 |
| 2. Accident and health premiums due and unpaid (Line 15) | 35,312,480 | 3,018 | 35,315,498 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 0 | 0 | 0 |
| 4. Net credit for ceded reinsurance | XXX | (9,393,484) | (9,393,484) |
| 5. All other admitted assets (Balance) | 80,415,620 | 0 | 80,415,620 |
| 6. Total assets (Line 28) | 666,977,916 | (9,390,466) | 657,587,450 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 230,470,585 | 205,213 | 230,675,798 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | 56,374 | 0 | 56,374 |
| 9. Premiums received in advance (Line 8) | 13,721,475 | 0 | 13,721,475 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 9,595,680 | (9,595,680) | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | 0 | 0 | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | 0 | 0 | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | 0 | 0 |
| 14. All other liabilities (Balance) | 157,558,504 | 0 | 157,558,504 |
| 15. Total liabilities (Line 24) | 411,402,618 | (9,390,466) | 402,012,152 |
| 16. Total capital and surplus (Line 33) | 255,575,298 | XXX | 255,575,298 |
| 17. Total liabilities, capital and surplus (Line 34) | 666,977,916 | (9,390,466) | 657,587,450 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | 205,213 | | |
| 19. Accrued medical incentive pool | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 0 | | |
| 22. Other ceded reinsurance recoverables | 0 | | |
| 23. Total ceded reinsurance recoverables | 205,213 | | |
| 24. Premiums receivable | 3,018 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 9,595,680 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 0 | | |
| 30. Total ceded reinsurance payables/offsets | 9,598,698 | | |
| 31. Total net credit for ceded reinsurance | (9,393,484) | | |

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | Direct Business Only | | | | | Totals |
|------------------------------|-------------------------------------|--|---|--|--------------------------------|--------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | |
| 1. Alabama | AL | | | | | |
| 2. Alaska | AK | | | | | |
| 3. Arizona | AZ | | | | | |
| 4. Arkansas | AR | | | | | |
| 5. California | CA | | | | | |
| 6. Colorado | CO | | | | | |
| 7. Connecticut | CT | | | | | |
| 8. Delaware | DE | | | | | |
| 9. District of Columbia | DC | | | | | |
| 10. Florida | FL | | | | | |
| 11. Georgia | GA | | | | | |
| 12. Hawaii | HI | | | | | |
| 13. Idaho | ID | | | | | |
| 14. Illinois | IL | | | | | |
| 15. Indiana | IN | | | | | |
| 16. Iowa | IA | | | | | |
| 17. Kansas | KS | | | | | |
| 18. Kentucky | KY | | | | | |
| 19. Louisiana | LA | | | | | |
| 20. Maine | ME | | | | | |
| 21. Maryland | MD | | | | | |
| 22. Massachusetts | MA | | | | | |
| 23. Michigan | MI | | | | | |
| 24. Minnesota | MN | | | | | |
| 25. Mississippi | MS | | | | | |
| 26. Missouri | MO | | | | | |
| 27. Montana | MT | | | | | |
| 28. Nebraska | NE | | | | | |
| 29. Nevada | NV | | | | | |
| 30. New Hampshire | NH | | | | | |
| 31. New Jersey | NJ | | | | | |
| 32. New Mexico | NM | | | | | |
| 33. New York | NY | | | | | |
| 34. North Carolina | NC | | | | | |
| 35. North Dakota | ND | | | | | |
| 36. Ohio | OH | | | | | |
| 37. Oklahoma | OK | | | | | |
| 38. Oregon | OR | | | | | |
| 39. Pennsylvania | PA | | | | | |
| 40. Rhode Island | RI | | | | | |
| 41. South Carolina | SC | | | | | |
| 42. South Dakota | SD | | | | | |
| 43. Tennessee | TN | | | | | |
| 44. Texas | TX | | | | | |
| 45. Utah | UT | | | | | |
| 46. Vermont | VT | | | | | |
| 47. Virginia | VA | | | | | |
| 48. Washington | WA | | | | | |
| 49. West Virginia | WV | | | | | |
| 50. Wisconsin | WI | | | | | |
| 51. Wyoming | WY | | | | | |
| 52. American Samoa | AS | | | | | |
| 53. Guam | GU | | | | | |
| 54. Puerto Rico | PR | | | | | |
| 55. U.S. Virgin Islands | VI | | | | | |
| 56. Northern Mariana Islands | MP | | | | | |
| 57. Canada | CAN | | | | | |
| 58. Aggregate Other Alien | OT | | | | | |
| 59. Total | | | | | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0119 | Humana Inc. | .00000 | 65-0851053 | | | | 154th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-5309363 | | | | 516-526 West Main Street Condomium Council of Co-Owners, Inc. | KY | NIA | Humana Real Estate Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-0293220 | | | | 54th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .12151 | 20-1001348 | | | | Arcadian Health Plan, Inc. | WA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-8662801 | | | | Atlantis Physician Group, LLC | DE | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 30-0117876 | | | | CAC Medical Center Holdings, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 26-0010657 | | | | CAC-Florida Medical Centers, LLC | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 26-0815856 | | | | Care Partners Home Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 39-1514846 | | | | CareNetwork, Inc. | WI | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95092 | 59-2598550 | | | | CarePlus Health Plans, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95754 | 62-1579044 | | | | Cariten Health Plan Inc. | TN | IA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 35-2608414 | | | | CCO 1, LLC | DE | NIA | HJM Provider Holdings, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 32-0545504 | | | | CCO 2, LLC | DE | NIA | HJM Provider Holdings, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95158 | 61-1279717 | | | | CHA HMO, Inc. | KY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 04-3185995 | | | | CompBenefits Corporation | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .11228 | 36-3686002 | | | | CompBenefits Dental, Inc. | IL | IA | Dental Care Plus Management, Corp. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 58-2228851 | | | | CompBenefits Direct, Inc. | DE | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .60984 | 74-2552026 | | | | CompBenefits Insurance Company | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 45-3713941 | | | | Complex Clinical Management, Inc. | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 42-1575099 | | | | Humana Healthcare Research, Inc. | IL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 59-2716023 | | | | Continucare Corporation | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 36-4880828 | | | | Conviva Care Solutions, LLC | DE | NIA | Conviva Care Solutions, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .15886 | 75-2043865 | | | | Humana Benefit Plan of Texas, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 36-3512545 | | | | Dental Care Plus Management, Corp. | IL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95161 | 76-0039628 | | | | DentiCare, Inc. | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .88595 | 31-0935772 | | | | Empheys Insurance Company | TX | IA | Empheys, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1237697 | | | | Empheys, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 59-3164234 | | | | Family Physicians of Winter Park, Inc. | FL | NIA | FPG Acquisition Corp. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 81-3802918 | | | | FPG Acquisition Corp. | DE | NIA | FPG Acquisition Holdings Corp. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 81-3819187 | | | | FPG Acquisition Holdings Corp. | DE | NIA | FPG Holding Company, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 32-0505460 | | | | FPG Holding Company, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 45-4685400 | | | | FPG Senior Services, LLC | FL | NIA | FPG Acquisition Corp. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 27-1649291 | | | | Harris, Rothenberg International Inc. | NY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1223418 | | | | Health Value Management, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 46-4912173 | | | | Humana EAP and Work-Life Services of California, Inc. | CA | IA | Harris, Rothenberg International Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 26-3592783 | | | | HJM Provider Holdings, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-4835394 | | | | Humana Active Outlook, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 75-2739333 | | | | Humana At Home (Dallas), Inc. | TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 76-0537878 | | | | Humana At Home (Houston), Inc. | TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-0274594 | | | | Humana At Home 1, Inc. | FL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 13-4036798 | | | | Humana at Home, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc. | IL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 59-1843760 | | | | Humana Dental Company | FL | NIA | CompBenefits Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95519 | 58-2209549 | | | | Humana Employers Health Plan of Georgia, Inc. | GA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1241225 | | | | Humana Government Business, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95642 | 72-1279235 | | | | Humana Health Benefit Plan of Louisiana, Inc. | LA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .13558 | 26-2800286 | | | | Humana Health Company of New York, Inc. | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .69671 | 61-1041514 | | | | Humana Health Insurance Company of Florida, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0119 | Humana Inc. | .00000 | 26-3473328 | | | | Humana Health Plan of California, Inc. | CA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95348 | 31-1154200 | | | | Humana Health Plan of Ohio, Inc. | OH | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95024 | 61-0994632 | | | | Humana Health Plan of Texas, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95885 | 61-1013183 | | | | Humana Health Plan, Inc. | KY | RE | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-0647538 | | 0000049071 | NYSE | Humana Inc. | DE | UDP | See Footnote 1 | Other | 0.000 | See Footnote 1 | | 2 |
| .0119 | Humana Inc. | .00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-3364857 | | | | Humana MarketPOINT of Puerto Rico, Inc. | PR | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1343508 | | | | Humana MarketPOINT, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc. | MI | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .14462 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc. | PA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .12908 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc. | UT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95270 | 61-1103898 | | | | Humana Medical Plan, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 45-2254346 | | | | Humana Pharmacy Solutions, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1316926 | | | | Humana Pharmacy, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .12282 | 20-2036444 | | | | Humana Regional Health Plan, Inc. | AR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .95342 | 39-1525003 | | | | Humana Wisconsin Health Organization Insurance Corporation | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1364005 | | | | HumanaDental, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 27-4535747 | | | | Go365, LLC | DE | NIA | HumanaWellworks LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1239538 | | | | Humco, Inc. | KY | DS | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1383567 | | | | HUM-e-FL, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | OH | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 39-1769093 | | | | Independent Care Health Plan | WI | OTH | See Footnote 2 | Other | 50.000 | Humana Inc. | | 3 |
| .0119 | Humana Inc. | .00000 | 61-1232669 | | | | Managed Care Indemnity, Inc. | VT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-5569675 | | | | Conviva Group Holdings, LLC | DE | NIA | Continuicare Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-5904436 | | | | Conviva Medical Center Management, LLC | DE | NIA | Conviva Group Holdings, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 81-2957926 | | | | Conviva Speciality, LLC | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 27-4379634 | | | | Medical Care Consortium Incorporated of Texas | TX | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-0879131 | | | | METCARE of Florida, Inc. | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-0635728 | | | | Metropolitan Health Networks, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-0992582 | | | | Naples Health Care Specialists, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-0688221 | | | | Nursing Solutions, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 62-1552091 | | | | PHP Companies, Inc. | TN | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 62-1250945 | | | | Preferred Health Partnership, Inc. | TN | NIA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-1724127 | | | | Humana Real Estate Company | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 46-1225873 | | | | Conviva Health MSO of Texas, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 38-3920730 | | | | RMA Island Doctors Orlando MSO, LLC | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 90-1022183 | | | | RMA Medical Center of South Orlando, LLC | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1722871 | | | | RMA Medical Center of Orlando, LLC | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 75-2844854 | | | | ROHC, L.L.C. | TX | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 65-1096853 | | | | SeniorBridge Family Companies (FL), Inc. | FL | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 20-0301155 | | | | SeniorBridge Family Companies (IN), Inc. | IN | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 36-4484443 | | | | SeniorBridge Family Companies (NY), Inc. | NY | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 01-0766084 | | | | Humana At Home (San Antonio), Inc. | TX | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 59-2518701 | | | | SeniorBridge-Florida, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 74-2352809 | | | | Texas Dental Plans, Inc. | TX | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|-----|--|---|-----------------------|-----------------------------------|--|--|--|--|-----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Y/N) | * |
| .0119 | Humana Inc. | 54739 | 52-1157181 | | | | The Dental Concern, Inc. | KY | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 75-2600512 | | | | Humana At Home (TLC), Inc. | TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 80-0072760 | | | | Humana Digital Health and Analytics Platform Services, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 46-5329373 | | | | Conviva Health Management, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 66-0872725 | | | | Humana Management Services of Puerto Rico, Inc. | PR | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 83-3321367 | | | | North Region Providers, LLC | DE | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 35-2640679 | | | | Primary Care Holdings II, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 37-1910409 | | | | Transcend Population Health Management II, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 84-2214810 | | | | Edge Health MSO, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 84-3226630 | | | | Humana Benefit Plan of South Carolina, Inc. | SC | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 11-3391115 | | | | Alexander Infusion, LLC | NY | NIA | Eagle NY Rx, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 36-4898224 | | | | Eagle NY Rx, LLC | DE | NIA | Eagle Rx, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 47-1407967 | | | | Eagle Rx Holdco, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 47-1416614 | | | | Eagle Rx, Inc. | DE | NIA | Eagle Rx Holdco, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 23-3068914 | | | | Enclara Pharmacia, Inc. | DE | NIA | Eagle Rx, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 39-1789830 | | | | GuidantRx, Inc. | WI | NIA | PBM Holding Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 61-1340806 | | | | PBM Holding Company | DE | NIA | Eagle Rx, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 20-2373204 | | | | PBM Plus Mail Service Pharmacy, LLC | DE | NIA | PBM Holding Company | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 85-3191430 | | | | Conviva Care Solutions II, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 85-3099097 | | | | Humana Direct Contracting Entity, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 00000 | 85-0858631 | | | | Primary Care Management, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |

| Asterisk | Explanation |
|----------|---|
| 0000001 | Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily. |
| 0000002 | Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%. |

41.2

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|------------|--|-----------------------|-----------------------|--|--|---|---|------|--|-----------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 65-0851053 | 154th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | 8,936,248 | 0 | | 0 | 8,936,248 | 0 |
| 00000 | 20-5309363 | 515-526 W MainSt Condo Council of Co-Owners | 0 | 0 | 0 | 0 | 15 | 0 | 0.00 | 0 | 15 | 0 |
| 00000 | 65-0293220 | 54th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | 15,792,146 | 0 | 0.00 | 0 | 15,792,146 | 0 |
| 00000 | 11-3391115 | Alexander Infusion, LLC | 0 | 0 | 0 | 0 | (187,858) | 0 | 0.00 | 0 | (187,858) | 0 |
| 12151 | 20-1001348 | Arcadian Health Plan, Inc. | 0 | 30,000,000 | 0 | 0 | (2,148,022,541) | 0 | 0.00 | 0 | (2,118,022,541) | 0 |
| 00000 | 20-8662801 | Atlantis Physician Group, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 30-0117876 | CAC Medical Center Holdings, Inc. | 0 | 0 | 0 | 0 | 306,513 | 0 | 0.00 | 0 | 306,513 | 0 |
| 00000 | 26-0010657 | CAC-Florida Medical Centers, LLC | 0 | 0 | 0 | 0 | 242,662,714 | 0 | 0.00 | 0 | 242,662,714 | 0 |
| 00000 | 26-0815856 | Care Partners Home Care, LLC | 0 | 0 | 0 | 0 | 344 | 0 | 0.00 | 0 | 344 | 0 |
| 00000 | 39-1514846 | CareNetwork, Inc. | 0 | 0 | 0 | 0 | (10,828,473) | 0 | 0.00 | 0 | (10,828,473) | 0 |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc. | 65,000,000 | 0 | 0 | 0 | (1,073,792,125) | 0 | 0.00 | 0 | (1,008,792,125) | 0 |
| 95754 | 62-1579044 | Cariten Health Plan Inc. | 95,000,000 | 0 | 0 | 0 | (652,617,463) | 0 | 0.00 | 0 | (557,617,463) | 0 |
| 00000 | 35-2608414 | CDO 1, LLC | 0 | 0 | 0 | 0 | 42,342,652 | 0 | 0.00 | 0 | 42,342,652 | 0 |
| 00000 | 32-0545504 | CDO 2, LLC | 0 | 0 | 0 | 0 | 20,556,220 | 0 | 0.00 | 0 | 20,556,220 | 0 |
| 95158 | 61-1279717 | CHA HMO, Inc. | 25,000,000 | 0 | 0 | 0 | (1,577,581,161) | 0 | 0.00 | 0 | (1,552,581,161) | 0 |
| 52015 | 59-2531815 | CompBenefits Company | 1,000,000 | 0 | 0 | 0 | (15,147,412) | 0 | 0.00 | 0 | (14,147,412) | 0 |
| 00000 | 04-3185995 | CompBenefits Corporation | 0 | 0 | 0 | 0 | 480,649 | 0 | 0.00 | 0 | 480,649 | 0 |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | 0 | 0 | 0 | 0 | (2,470,701) | 0 | 0.00 | 0 | (2,470,701) | 0 |
| 00000 | 58-2228851 | CompBenefits Direct, Inc. | 0 | 0 | 0 | 0 | (12,077) | 0 | 0.00 | 0 | (12,077) | 0 |
| 60984 | 74-2552026 | CompBenefits Insurance Company | 0 | 10,000,000 | 0 | 0 | (172,729,579) | 0 | 0.00 | 0 | (162,729,579) | 0 |
| 00000 | 45-3713941 | Complex Clinical Management, Inc. | 0 | 0 | 0 | 0 | 63,364,188 | 0 | 0.00 | 0 | 63,364,188 | 0 |
| 00000 | 59-2716023 | Continucare Corporation | 0 | 0 | 0 | 0 | 147,397,476 | 0 | 0.00 | 0 | 147,397,476 | 0 |
| 00000 | 85-3191430 | Conviva Care Solutions II, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 36-4880828 | Conviva Care Solutions, LLC | 0 | 0 | 0 | 0 | 540,461,798 | 0 | 0.00 | 0 | 540,461,798 | 0 |
| 00000 | 20-5569675 | Conviva Group Holdings, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 46-5329373 | Conviva Health Management, LLC | 0 | 0 | 0 | 0 | 224,267,147 | 0 | 0.00 | 0 | 224,267,147 | 0 |
| 00000 | 46-1225873 | Conviva Health MSO of Texas, Inc. | 0 | 0 | 0 | 0 | 450,772 | 0 | 0.00 | 0 | 450,772 | 0 |
| 00000 | 20-5904436 | Conviva Medical Center Management, LLC | 0 | 0 | 0 | 0 | 783,805,263 | 0 | 0.00 | 0 | 783,805,263 | 0 |
| 00000 | 81-2957926 | Conviva Speciality, LLC | 0 | 0 | 0 | 0 | 74,079 | 0 | 0.00 | 0 | 74,079 | 0 |
| 00000 | 36-3512545 | Dental Care Plus Management, Corp. | 0 | 0 | 0 | 0 | 37,741 | 0 | 0.00 | 0 | 37,741 | 0 |
| 95161 | 76-0039628 | DentiCare, Inc. | 0 | 0 | 0 | 0 | (4,301,150) | 0 | 0.00 | 0 | (4,301,150) | 0 |
| 00000 | 36-4898224 | Eagle NY Rx, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 47-1407967 | Eagle Rx Holdco, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 47-1416614 | Eagle Rx, Inc. | 0 | 0 | 0 | 0 | (59,656) | 0 | 0.00 | 0 | (59,656) | 0 |
| 00000 | 84-2214810 | Edge Health MSO, Inc. | 0 | 0 | 0 | 0 | 1,182,204 | 0 | 0.00 | 0 | 1,182,204 | 0 |
| 88595 | 31-0935772 | Empesys Insurance Company | 0 | 0 | 0 | 0 | 67,428 | 0 | 0.00 | 0 | 67,428 | 0 |
| 00000 | 61-1237697 | Empesys, Inc. | 0 | 0 | 0 | 0 | 210 | 0 | 0.00 | 0 | 210 | 0 |
| 00000 | 23-3068914 | Enclara Pharmacia, Inc. | 0 | 0 | 0 | 0 | (6,089,122) | 0 | 0.00 | 0 | (6,089,122) | 0 |
| 00000 | 59-3164234 | Family Physicians of Winter Park, Inc. | 0 | 0 | 0 | 0 | 87,521,668 | 0 | 0.00 | 0 | 87,521,668 | 0 |
| 00000 | 81-3802918 | FPG Acquisition Corp. | 0 | 0 | 0 | 0 | 280 | 0 | 0.00 | 0 | 280 | 0 |
| 00000 | 81-3819187 | FPG Acquisition Holdings Corp. | 0 | 0 | 0 | 0 | 280 | 0 | 0.00 | 0 | 280 | 0 |
| 00000 | 32-0505460 | FPG Holding Company, LLC | 0 | 0 | 0 | 0 | 508 | 0 | 0.00 | 0 | 508 | 0 |
| 00000 | 45-4685400 | FPG Senior Services, LLC | 0 | 0 | 0 | 0 | 194 | 0 | 0.00 | 0 | 194 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|------------|---|-----------------------|-----------------------|--|--|---|---|------|--|------------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 27-4535747 | Go365, LLC | .0 | .0 | .0 | .0 | 83,444,293 | .0 | 0.00 | .0 | 83,444,293 | .0 |
| 00000 | 39-1789830 | GuidantRx, Inc. | .0 | .0 | .0 | .0 | (3,137,555) | .0 | 0.00 | .0 | (3,137,555) | .0 |
| 00000 | 27-1649291 | Harris, Rothenberg International Inc. | .0 | .0 | .0 | .0 | (6,570,792) | .0 | 0.00 | .0 | (6,570,792) | .0 |
| 00000 | 61-1223418 | Health Value Management, Inc. | .0 | .0 | .0 | .0 | 78,543 | .0 | 0.00 | .0 | 78,543 | .0 |
| 00000 | 26-3592783 | HUM Provider Holdings, LLC | .0 | .0 | .0 | .0 | (731,981) | .0 | 0.00 | .0 | (731,981) | .0 |
| 00000 | 20-4835394 | Humana Active Outlook, Inc. | .0 | .0 | .0 | .0 | 768 | .0 | 0.00 | .0 | 768 | .0 |
| 00000 | 75-2739333 | Humana At Home (Dallas), Inc. | .0 | .0 | .0 | .0 | (2,489,236) | .0 | 0.00 | .0 | (2,489,236) | .0 |
| 00000 | 76-0537878 | Humana At Home (Houston), Inc. | .0 | .0 | .0 | .0 | (2,493,892) | .0 | 0.00 | .0 | (2,493,892) | .0 |
| 00000 | 01-0766084 | Humana At Home (San Antonio), Inc. | .0 | .0 | .0 | .0 | 20,168,787 | .0 | 0.00 | .0 | 20,168,787 | .0 |
| 00000 | 75-2600512 | Humana at Home (TLC), Inc. | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 65-0274594 | Humana at Home 1, Inc. | .0 | .0 | .0 | .0 | 194,459,762 | .0 | 0.00 | .0 | 194,459,762 | .0 |
| 00000 | 13-4036798 | Humana at Home, Inc. | .0 | .0 | .0 | .0 | 43,502,399 | .0 | 0.00 | .0 | 43,502,399 | .0 |
| 60052 | 37-1326199 | Humana Benefit Plan of Illinois, Inc. | .0 | 55,000,000 | .0 | .0 | (1,209,353,268) | .0 | 0.00 | .0 | (1,154,353,268) | .0 |
| 00000 | 84-3226630 | Humana Benefit Plan of South Carolina, Inc. | .0 | 5,000,000 | .0 | .0 | 78,266 | .0 | 0.00 | .0 | 5,078,266 | .0 |
| 15886 | 75-2043865 | Humana Benefit Plan of Texas, Inc. | .0 | .0 | .0 | .0 | (31,506) | .0 | 0.00 | .0 | (31,506) | .0 |
| 00000 | 59-1843760 | Humana Dental Company | .0 | .0 | .0 | .0 | 5,237,814 | .0 | 0.00 | .0 | 5,237,814 | .0 |
| 00000 | 80-0072760 | Humana Digital Health and Analytics Platform Services, Inc. | .0 | .0 | .0 | .0 | (30,837,115) | .0 | 0.00 | .0 | (30,837,115) | .0 |
| 00000 | 85-3099097 | Humana Direct Contracting Entity, Inc. | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 46-4912173 | Humana EAP and Work-Life Services of California, Inc. | .0 | .0 | .0 | .0 | (167,668) | .0 | 0.00 | .0 | (167,668) | .0 |
| 95519 | 58-2209549 | Humana Employers Health Plan of GA, Inc. | 150,000,000 | .0 | .0 | .0 | (694,857,432) | .0 | 0.00 | .0 | (544,857,432) | .0 |
| 00000 | 61-1241225 | Humana Government Business, Inc. | .0 | .0 | .0 | .0 | (51,173,570) | .0 | 0.00 | .0 | (51,173,570) | .0 |
| 95642 | 72-1279235 | Humana Health Benefit Plan of LA, Inc. | 27,500,000 | .0 | .0 | .0 | (1,012,281,328) | .0 | 0.00 | .0 | (984,781,328) | .0 |
| 13558 | 26-2800286 | Humana Health Company of New York, Inc. | .0 | 80,000,000 | .0 | .0 | (175,908,405) | .0 | 0.00 | .0 | (95,908,405) | .0 |
| 69671 | 61-1041514 | Humana Health Ins. Co. of Florida, Inc. | .0 | .0 | .0 | .0 | 116,308,877 | .0 | 0.00 | .0 | 116,308,877 | .0 |
| 00000 | 26-3473328 | Humana Health Plan of California, Inc. | .0 | .0 | .0 | .0 | (31,878,967) | .0 | 0.00 | .0 | (31,878,967) | .0 |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc. | .0 | 10,000,000 | .0 | .0 | (80,455,223) | .0 | 0.00 | .0 | (70,455,223) | .0 |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc. | .0 | 15,000,000 | .0 | .0 | (169,505,174) | .0 | 0.00 | .0 | (154,505,174) | .0 |
| 95885 | 61-1013183 | Humana Health Plan, Inc. | .0 | 75,000,000 | .0 | .0 | (1,331,409,339) | .0 | 0.00 | .0 | (1,256,409,339) | .0 |
| 95721 | 66-0406896 | Humana Health Plans of Puerto Rico, Inc. | .0 | .0 | .0 | .0 | (103,020,675) | .0 | 0.00 | .0 | (103,020,675) | .0 |
| 00000 | 42-1575099 | Humana Healthcare Research, Inc. | .0 | .0 | .0 | .0 | 2,285,786 | .0 | 0.00 | .0 | 2,285,786 | .0 |
| 00000 | 61-0647538 | Humana Inc. | (1,250,000,000) | (425,000,000) | .0 | .0 | 3,463,981,258 | .0 | 0.00 | .0 | 1,788,981,258 | .0 |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | .0 | .0 | .0 | .0 | 627,630 | .0 | 0.00 | .0 | 627,630 | .0 |
| 73288 | 39-1263473 | Humana Insurance Company | 772,500,000 | .0 | .0 | .0 | (16,475,481,595) | (11,413,400) | 0.00 | .0 | (15,714,394,995) | .0 |
| 60219 | 61-1311685 | Humana Insurance Company of Kentucky | .0 | .0 | .0 | .0 | (80,129,644) | 11,413,400 | 0.00 | .0 | (68,716,244) | .0 |
| 12634 | 20-2888723 | Humana Insurance Company of New York | .0 | 110,000,000 | .0 | .0 | (772,886,878) | .0 | 0.00 | .0 | (662,886,878) | .0 |
| 84603 | 66-0291866 | Humana Insurance of Puerto Rico, Inc. | .0 | .0 | .0 | .0 | (70,691,550) | .0 | 0.00 | .0 | (70,691,550) | .0 |
| 00000 | 66-0872725 | Humana Management Services of Puerto Rico, Inc. | .0 | .0 | .0 | .0 | 38,277,471 | .0 | 0.00 | .0 | 38,277,471 | .0 |
| 00000 | 20-3364857 | Humana MarketPOINT of Puerto Rico, Inc. | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 61-1343508 | Humana Marketpoint, Inc. | .0 | .0 | .0 | .0 | 724,349,990 | .0 | 0.00 | .0 | 724,349,990 | .0 |
| 14224 | 27-3991410 | Humana Medical Plan of Michigan, Inc. | .0 | 5,000,000 | .0 | .0 | (108,768,953) | .0 | 0.00 | .0 | (103,768,953) | .0 |

42.1

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|----------------|--|-----------------------|-----------------------|--|--|---|---|------|--|-----------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 14462 | 27-4660531 | Humana Medical Plan of Pennsylvania, Inc. | 4,500,000 | .0 | .0 | .0 | (1,594,835) | .0 | 0.00 | .0 | 2,905,165 | .0 |
| 12908 | 20-8411422 | Humana Medical Plan of Utah, Inc. | 1,700,000 | .0 | .0 | .0 | (11,517,816) | .0 | 0.00 | .0 | (9,817,816) | .0 |
| 95270 | 61-1103898 | Humana Medical Plan, Inc. | 100,000,000 | .0 | .0 | .0 | (5,792,036,051) | .0 | 0.00 | .0 | (5,692,036,051) | .0 |
| 00000 | 45-2254346 | Humana Pharmacy Solutions, Inc. | .0 | .0 | .0 | .0 | 21,155,132,014 | .0 | 0.00 | .0 | 21,155,132,014 | .0 |
| 00000 | 61-1316926 | Humana Pharmacy, Inc. | .0 | .0 | .0 | .0 | 6,897,415,810 | .0 | 0.00 | .0 | 6,897,415,810 | .0 |
| 00000 | 20-1724127 | Humana Real Estate Company | .0 | .0 | .0 | .0 | 11,773,874 | .0 | 0.00 | .0 | 11,773,874 | .0 |
| 12282 | 20-2036444 | Humana Regional Health Plan, Inc. | .0 | 10,000,000 | .0 | .0 | (60,943,839) | .0 | 0.00 | .0 | (50,943,839) | .0 |
| 00000 | 26-4522426 | Humana WellWorks LLC | .0 | .0 | .0 | .0 | 411 | .0 | 0.00 | .0 | 411 | .0 |
| 95342 | 39-1525003 | Humana Wisc. Health Org. Ins. Corp. | .0 | .0 | .0 | .0 | (1,498,617,168) | .0 | 0.00 | .0 | (1,498,617,168) | .0 |
| 70580 | 39-0714280 | HumanaDental Insurance Company | .0 | 20,000,000 | .0 | .0 | (195,016,217) | .0 | 0.00 | .0 | (175,016,217) | .0 |
| 00000 | 61-1364005 | HumanaDental, Inc. | .0 | .0 | .0 | .0 | 323,696 | .0 | 0.00 | .0 | 323,696 | .0 |
| 00000 | 61-1239538 | Humco, Inc. | .0 | .0 | .0 | .0 | 15 | .0 | 0.00 | .0 | 15 | .0 |
| 00000 | 61-1383567 | HUM-e-FL, Inc. | .0 | .0 | .0 | .0 | (4,473,722) | .0 | 0.00 | .0 | (4,473,722) | .0 |
| 00000 | 86-1050795 | Hummingbird Coaching Systems LLC | .0 | .0 | .0 | .0 | 119,301 | .0 | 0.00 | .0 | 119,301 | .0 |
| 00000 | 39-1769093 | Independent Care Health Plan | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 61-1232669 | Managed Care Indemnity, Inc. | 5,000,000 | .0 | .0 | .0 | (606,956) | .0 | 0.00 | .0 | 4,393,044 | .0 |
| 00000 | 27-4379634 | Medical Care Consortium Incorporated of Texas | .0 | .0 | .0 | .0 | 384,649,990 | .0 | 0.00 | .0 | 384,649,990 | .0 |
| 00000 | 65-0879131 | METCARE of Florida, Inc. | .0 | .0 | .0 | .0 | 221,331,112 | .0 | 0.00 | .0 | 221,331,112 | .0 |
| 00000 | 65-0635728 | Metropolitan Health Networks, Inc. | .0 | .0 | .0 | .0 | 307,758 | .0 | 0.00 | .0 | 307,758 | .0 |
| 00000 | 65-0992582 | Naples Health Care Specialists, LLC | .0 | .0 | .0 | .0 | 194 | .0 | 0.00 | .0 | 194 | .0 |
| 00000 | 83-3321367 | North Region Providers, LLC | .0 | .0 | .0 | .0 | 300 | .0 | 0.00 | .0 | 300 | .0 |
| 00000 | 65-0688221 | Nursing Solutions, LLC | .0 | .0 | .0 | .0 | 194 | .0 | 0.00 | .0 | 194 | .0 |
| 00000 | 61-1340806 | PBM Holding Company | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 20-2373204 | PBM Plus Mail Service Pharmacy, LLC | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 62-1552091 | PHP Companies, Inc. | .0 | .0 | .0 | .0 | 8,691 | .0 | 0.00 | .0 | 8,691 | .0 |
| 00000 | 62-1250945 | Preferred Health Partnership, Inc. | .0 | .0 | .0 | .0 | 120 | .0 | 0.00 | .0 | 120 | .0 |
| 00000 | 35-2640679 | Primary Care Holdings II, LLC | .0 | .0 | .0 | .0 | 66,249,419 | .0 | 0.00 | .0 | 66,249,419 | .0 |
| 00000 | 85-0858631 | Primary Care Management, Inc. | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 38-3920730 | RMA Island Doctors Orlando MSO, LLC | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 61-1722871 | RMA Medical Center of Orlando, LLC | .0 | .0 | .0 | .0 | .0 | .0 | 0.00 | .0 | .0 | .0 |
| 00000 | 90-1022183 | RMA Medical Center of South Orlando, LLC | .0 | .0 | .0 | .0 | 32,925,190 | .0 | 0.00 | .0 | 32,925,190 | .0 |
| 00000 | 75-2844854 | ROHC, L.L.C. | .0 | .0 | .0 | .0 | (2,497,771) | .0 | 0.00 | .0 | (2,497,771) | .0 |
| 00000 | 65-1096853 | SeniorBridge Family Companies (FL), Inc. | .0 | .0 | .0 | .0 | 14,315,087 | .0 | 0.00 | .0 | 14,315,087 | .0 |
| 00000 | 20-0301155 | SeniorBridge Family Companies (IN), Inc. | .0 | .0 | .0 | .0 | (2,526,040) | .0 | 0.00 | .0 | (2,526,040) | .0 |
| 00000 | 36-4484443 | SeniorBridge Family Companies (NY), Inc. | .0 | .0 | .0 | .0 | (1,328,412) | .0 | 0.00 | .0 | (1,328,412) | .0 |
| 00000 | 59-2518701 | SeniorBridge-Florida, LLC | .0 | .0 | .0 | .0 | 194 | .0 | 0.00 | .0 | 194 | .0 |
| 00000 | 74-2352809 | Texas Dental Plans, Inc. | .0 | .0 | .0 | .0 | (40,513) | .0 | 0.00 | .0 | (40,513) | .0 |
| 54739 | 52-1157181 | The Dental Concern, Inc. | 2,800,000 | .0 | .0 | .0 | (7,582,097) | .0 | 0.00 | .0 | (4,782,097) | .0 |
| 00000 | 37-1910409 | Transcend Population Health Management II, LLC | .0 | .0 | .0 | .0 | (181,250) | .0 | 0.00 | .0 | (181,250) | .0 |
| 9999999 | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.











| | Responses |
|---|-----------|
| MARCH FILING | |
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. Will an actuarial opinion be filed by March 1? | YES |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?..... | YES |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?..... | YES |
| APRIL FILING | |
| 5. Will Management's Discussion and Analysis be filed by April 1? | YES |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| JUNE FILING | |
| 8. Will an audited financial report be filed by June 1? | YES |
| 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |

| | |
|---|-----|
| AUGUST FILING | |
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES |

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | |
|---|-----|
| MARCH FILING | |
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | YES |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?..... | NO |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?..... | NO |
| APRIL FILING | |
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | NO |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | YES |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | YES |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | YES |

| | |
|--|-----|
| AUGUST FILING | |
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |
| Explanations: | |
| 12. This type of business is not written. | |
| 13. This type of business is not written. | |
| 14. This type of business is not written. | |
| 15. This type of business is not written. | |
| 16. This type of business is not written. | |
| 17. No relief will be requested. | |
| 18. No relief will be requested. | |
| 19. No relief will be requested. | |
| 20. This type of business is not written. | |
| 21. This type of business is not written. | |

| | |
|---|--|
| Bar Codes: | |
| 12. Life Supplement [Document Identifier 205] |  |
| 13. SIS Stockholder Information Supplement [Document Identifier 420] |  |
| 14. Participating Opinion for Exhibit 5 [Document Identifier 371] |  |
| 15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] |  |
| 16. Medicare Part D Coverage Supplement [Document Identifier 365] |  |
| 17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] |  |
| 18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225] |  |
| 19. Relief from the Requirements for Audit Committees [Document Identifier 226] |  |
| 20. Long-Term Care Experience Reporting Forms [Document Identifier 306] |  |
| 21. Life Supplement [Document Identifier 211] |  |



SUPPLEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0119 NAIC Company Code 95885
 ADDRESS (City, State and Zip Code) Louisville , KY 40202
 Person Completing This Exhibit Bryan Oberholtzer
 Title Associate Director, Financial Reporting Telephone Number 502-580-1077

| 1 Compliance with OBRA | 2 Policy Form Number | 3 Standardized Medicare Supplement Benefit Plan | 4 Medicare Select | 5 Plan Characteristics | 6 Date Approved | 7 Date Approval Withdrawn | 8 Date Last Amended | 9 Date Closed | 10 Policy Marketing Trade Name | Policies Issued Through 2017 | | | Policies Issued in 2018; 2019; 2020 | | | | |
|--|-------------------------|--|----------------------|---------------------------|--------------------|------------------------------|------------------------|------------------|-----------------------------------|------------------------------|-----------------------|----------------------------------|-------------------------------------|-----------------------|-----------------------|----------------------------------|-------------------------------|
| | | | | | | | | | | 11 Premiums Earned | 12 Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | 16 Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |
| | KYMESNM10A | A | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 12,221 | 9,632 | 78.8 | 8 |
| | KYMESNM10F | F | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 754,933 | 573,201 | 75.9 | 312 |
| | KYMESNM10F(HD) | F | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 91,400 | 21,588 | 23.6 | 112 |
| | KYMESNM10G | G | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 2,173,709 | 1,971,098 | 90.7 | 1,302 |
| | KYMESNM10G(HD) | G | NO | 0234060 | 08/22/2019 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 21,132 | 21,150 | 100.1 | 34 |
| | KYMESNM10N | N | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 391,483 | 304,687 | 77.8 | 242 |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 0 | 0 | 0.0 | 0 | 3,444,879 | 2,901,356 | 84.2 | 2,010 |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 101 E. Main Street Louisville , KY 40202
 - 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 101 E. Main Street Louisville , KY 40202
 - 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".